

***“Developing Realistic Strategies and Viable Options to Provide  
Comprehensive and Affordable Health Insurance Coverage for All Michigan Citizens”***

**Meeting Minutes**

**Meeting Name:** Models Development Workgroup

**Date and Time:** Wed. September 14, 2005, 1-4pm

**Location:** AARP Michigan, 309 N. Washington Square, Suite 110, Lansing, MI

**Present:** Lonnie Barnett, MDCH; Gary Benjamin, Michigan Legal Services/MI UHCAN; Michael Brecht, Spectrum Health; Tameshia Bridges, PHI; Gary Burmeister; Consultants for Quality Healthcare; Jackie Doig, Center for Civil Justice; Paul Duguay, Michigan Association of Health Plans; Jeff Fortenbacher, Access Health; Jaeson Fournier, Ingham County Health Dept.; Princella Graham, St. John Health; Sherryn Hays, MDCH; Kim Hodge, PHI; Deborah Hollis, MDCH; Andy Kruse, Genesys Health System; Irma Lopez, MDCH; Sheryl Lowe, BCBSM; Lisa McCafferty, Ionia County Health Department; Ionia County Health Dept.; Margaret Meyers, Mercy Primary Care; Ken Miller, MDCH; Joan Moiles, OFIS; Cherie Mollison, MI Office of Svcs. to the Aging; Denise Morrow, MDCH LTC Services; Michelle Munson-McCrory, Complete Compassionate Care; Rick Nowakowski, Wayne County Four-Star; Gary Petroni, SEMHA/CPH; Lisa Rajt, BCBSM; Tyffany Shadd-Coleman, BCBSM; Chris Shea, Cherry Street Health Services; Marti Kay Sherry, MPHI; Ellen Speckman-Randall, MDCH; Gina Tremonti, MDCH; Hollis Turnham, PHI.

**On Conference Call:** N/A

**Action Items**

Item	Responsible	Deadline
Send EMET forms completed by small groups to Ken Miller at millerk3@michigan.gov	Designated note-taker	ASAP
Send data requests for expansion models development discussion to Ken Miller at <a href="mailto:millerk3@michigan.gov">millerk3@michigan.gov</a> . Please make sure that data requests are sent as a <b>separate email</b> , not as an addition to another item, and that “ <b>MDWG Data Request</b> ” appears in the subject line.	Designated note-taker	ASAP

## ***Minutes***

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<p>Development of MD Workgroup Over-Arching Goals, featuring Bill Hart from MDCH</p>	<ul style="list-style-type: none"> <li>- What does “comprehensive” mean in the context of our work? What does “efficient” mean?</li> <li>- A document on the current health care landscape is being developed.</li> </ul>	<ul style="list-style-type: none"> <li>- Bill Hart clarified the Project’s decision-making process. MDWG recommendations will be submitted to the Advisory Council, which will then advise MDCH Director Janet Olszewski. The Director will then advise Governor Granholm.</li> <li>- In examining what a “win” would mean (see “What Might a Win Look Like?” document), we need to think about short-term (1 yr.), mid-term (3 years) and long-term (5 year+) goals</li> <li>- A short-term “win” means providing recommendations that will result in coverage for an additional 300,000-500,000 lives, while a long-term win means health insurance coverage for all Michigan citizens,</li> <li>- Other aspects of a “win” include: increased public awareness, maintaining coverage for kids (we’re in the top 5 in the country!), increasing health care in the private sector, sharing in catastrophic risk, examining escalating costs, acknowledging the role of Medicaid, and maximizing all federal dollars.</li> <li>- In order for our recommendations to be useful, it is critical to understand the political and economic environment in which we develop them.</li> <li>- Janet Olszewski, Director of the Michigan Dept. of Community Health has a legitimate interest in our work, but our responsibility is to make realistic and viable recommendations she can use.</li> <li>- Our “overarching goals” document must be cut in half and reflect the short-, mid-</li> </ul>
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		and long-term goals, as well as the Advisory Council's and Department's view of a win.
Communication Protocols		<ul style="list-style-type: none"> <li>- 8/31/05 minutes approved</li> <li>- Keep visiting the SPG website at <a href="http://www.michigan.gov/spg">www.michigan.gov/spg</a> for project information!</li> <li>- See handouts for definition of “insurance” and “coverage”</li> </ul>
Small Group Discussion of Expansion Models	<ul style="list-style-type: none"> <li>- Use the EMET to evaluate. Examine the models' potential fit in 1, 3, and 5 years, and determine if any models should be added or eliminated</li> </ul>	<ul style="list-style-type: none"> <li>- Three options under “tax credits and direct subsidies” category are eliminated from consideration as stand-alone plans. However, they may be considered as possible financing mechanisms for any of our expansion models.</li> <li>- The “pooling” group evaluated the “subsidized buy-in for state employees” model.</li> <li>- The “limited insurance” group analyzed the “basic” benefit coverage” model that will first be a pilot.</li> <li>- The Medicaid expansion group evaluated extending the current Medicaid eligibility limits for families from 35% to 50% of FPL.</li> <li>- The “universal coverage” group analyzed the “multi-payer system” model.</li> </ul>

*--Respectfully submitted by Lisa Rajt, Blue Cross Blue Shield of Michigan*